

American Indian/Alaska Natives & Tobacco Use



Despite reductions in smoking^{*} prevalence achieved since the first Surgeon General's report on the consequences of smoking in 1964, smoking remains the leading cause of preventable death in the United States.¹ Smoking accounts for more than 490,000 deaths in the United States each year, and is a major risk factor for four of the leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke.² American Indians and Alaska Natives (AI/AN), as a whole, have an especially high risk of suffering from tobacco-related death and disease because they have the highest prevalence of smoking compared to any other population group in the United States.

Tobacco Use Among American Indian/Alaska Native Adults

American Indians and Alaska Natives (AI/AN) have a higher smoking rate than any other racial/ethnic subgroup. According to the 2024 National Health Interview Survey (NHIS) of adults ages 18 and over, 15.8 percent of AI/AN adults currently smoke cigarettes.³ In comparison, 11.1 percent of Whites, 10.8 percent of African Americans, 7.1 percent of Hispanics, and 3.8 percent of Asian Americans reported current cigarette smoking.

A study of National Survey on Drug Use and Health (NSDUH) trends from 2002 to 2016 found that while there have been significant downward trends in the smoking rates among all other race/ethnic groups, there was no significant change in the smoking rates of AI/ANs. Additionally, the study found that the high smoking rates among AI/ANs increased when other risk factors were present, including lower levels of education and income.⁴

Within the AI/AN population, smoking rates can vary considerably from one tribe to another. According to a 2005 study, 14 percent of Southwest tribal members were smokers compared to a 50 percent smoking rate among Northern Plains tribal members.⁵ A 2010 study found that, despite a lack of tobacco-related tribal traditions, cigarette use was four times higher among Alaska Natives than American Indians in the Southwest United States (32 percent vs. 8 percent).⁶

According to the Centers for Disease Control and Prevention, AI/AN women have the highest rate of smoking during pregnancy of any racial or ethnic group. 12.7 percent of AI/AN women smoke during their pregnancy, compared to 6.7% of Whites, 3.8% of Black Americans, 1.2% of Hispanics, and 0.3% of Asian Americans.⁷ Tobacco use during pregnancy is one of the key preventable causes of adverse pregnancy outcomes.

In addition to having the highest smoking rate among all racial/ethnic groups, AI/ANs have the highest prevalence of use of any tobacco product. According to 2020 NHIS data, 34.9% of AI/AN adults were current users of any tobacco product (compared to 21.1% for Whites, 19.4% for African Americans, and 11.7% for Hispanics).⁸

Tobacco Use Among American Indian/Alaska Native Youth

AI/AN high school students have traditionally had the highest rates of tobacco use of all racial/ethnic groups. According to the 2024 National Youth Tobacco Survey (NYTS), AI/AN high school students have the highest use rates for cigarettes (5.2%), e-cigarettes (15.5%), any tobacco products (21.1%), any combustible tobacco products (8.0%), and nicotine pouches (5.6%).⁹

^{*} References to smoking or tobacco use throughout this document refer to the use of commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities.

Data on cigar use among AI/ANs was not available from the 2024 NYTS. However, earlier data from the 2023 High School Youth Risk Behavior Survey (YRBS) showed that for AI/AN high school students the cigar smoking rate (4.5%) was also among the highest compared to their peers.¹⁰

Tobacco Use Health Consequences Among American Indian/Alaska Natives

Cancer is the third leading cause of death among AI/ANs.¹¹ Each year, over 3,800 AI/ANs are diagnosed with a tobacco-related cancer and over 1,800 die from a tobacco-related cancer.¹²

Lung cancer is the second leading cause of cancer incidence and the leading cause of cancer death.¹³

- Among AI/AN over age 35,[†] data show that the vast majority of lung cancer deaths (88 percent for men, 84 percent for women) were attributable to smoking.¹⁴
- Overall, the 5-year relative survival rate for lung cancer is lower among AI/ANs compared to Whites (19% versus 22%).¹⁵ Lung cancer mortality in AI/AN people is 12% higher than in White people.¹⁶
- Lung cancer rates among AI/ANs vary greatly by tribal region. The Northern Plains region, which has some of the highest smoking prevalence among AI/ANs, has the highest rate of lung cancer incidence, followed by the Southern Plains and Alaska regions.¹⁷ From 2014-2018, rates of lung cancer incidence among AI/ANs in the Northern and Southern Plains, Alaska, and the Pacific Coast regions were significantly higher than rates for their White counterparts.¹⁸
- Unlike for other racial/ethnic subgroups, whose declines in overall smoking prevalence have led to a narrowing of disparities in lung cancer rates, lung cancer incidence among AI/AN men have only recently begun to decline, and lung cancer incidence among AI/AN women have remained relatively stable since the 1990s.¹⁹

Due to long-standing inequalities in access to care, cancer screening rates are lowest among AI/ANs, compared to other race and ethnicities.²⁰ Among those who utilize the Indian Health Service (IHS), screening rates are even lower and vary considerably by region, mirroring geographic and tribal variations in risk factors.²¹ For instance, screening prevalence is generally lowest on the Pacific Coast and highest in Oklahoma and Alaska. Improving screening access and collecting high-quality cancer mortality data, especially for rural AI/AN populations, are crucial components of reducing the substantial heterogeneity of the cancer burden within this population.

Heart disease is the leading cause of death among AI/ANs, for which tobacco use is an important risk factor.²² Heart disease death rates for AI/ANs show geographic disparities, with the highest rates occurring primarily in Northern Plains states, including North and South Dakota, as well as Wisconsin and Michigan.²³ The CDC estimates that racial/ethnic disparities for smoking-attributable mortality are most pronounced for cardiovascular disease. From 2001-2009, smoking-attributable mortality for ischemic heart disease, other heart disease and stroke for AI/AN women over age 35[†] was double that of White women.²⁴

Helping American Indian/Alaska Natives Quit Smoking

Since federally recognized tribes are considered sovereign nations, they are exempt from state taxation of tobacco products, making cigarettes cheaper on tribal lands. Recommendations for lowering the high rate of smoking-caused cancer and heart disease include reducing tobacco use among this community by better tailoring tobacco cessation and treatment programs to the AI/AN community, increasing tobacco product prices and increasing funding for tribal tobacco control programs.²⁵

[†] Smoking-attributable mortality was calculated for AI/AN people living in 637 Indian Health Service Contract Health Service Delivery Area (IHS CHSDA) counties.

[‡] See previous footnote.

Tobacco Industry Targeting of American Indian/Alaska Natives

As with other minority populations, the tobacco industry strategically targets AI/ANs. The industry has provided funding to cultural events like powwows and rodeos to build credibility. Additionally, the industry promotes brands like Natural American Spirit that use the cultural image of traditional American-Indian warriors.²⁶



Source: D'Silva et al. Tobacco industry misappropriation of American Indian culture and traditional tobacco, *Tobacco Control*, <https://tobaccocontrol.bmi.com/content/tobaccocontrol/27/e1/e57.full.pdf>.

Additional Sources of Information

- National Indian Health Board, <http://www.nihb.org>, and its Area Health Boards
- Native CIRCLE, American Indian/Alaska Native Cancer Information Resource Center and Learning Exchange, at Mayo Clinic, <http://www.mayo.edu/research/centers-programs/cancer-research/other-initiatives/native-populations>.
- Indian Health Service, http://www.ihs.gov/epi/index.cfm?module=epi_tobacco_main
- Bureau of Indian Affairs, <http://www.bia.gov/>
- Association of American Indian Physicians, <http://www.aaip.org/>

¹ Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service, PHS publication 1103, 1964, http://www.cdc.gov/tobacco/sgr/sgr_1964/sgr64.htm. McGinnis, JM, et al., "Actual causes of death in the United States," *Journal of the American Medical Association (JAMA)* 270:2207-2212, 1993.

² HHS, Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2024. <https://www.cdc.gov/tobacco-surgeon-general-reports/about/2024-end-tobacco-disparities.html>; Curtin SC, et al. Deaths: Leading causes for 2022. *National Vital Statistics Reports*; vol 73 no 10. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/164020>. See Table C. Number of deaths and percentage of total deaths for the 10 leading causes of death: United States, 2022 and 2021

³ National Center for Health Statistics. Percentage of current cigarette smoking for adults aged 18 and over, United States, 2024. National Health Interview Survey. Generated interactively: Aug 13 2025 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.

⁴ Agaku, IT, et al., "Disparities in current cigarette smoking among US adults, 2002-2016" *Tob Control*, 0:1-8, Published online May 30, 2019.

⁵ Henderson, et al., "Correlates of Cigarette Smoking Among Selected Southwest and Northern Plains Tribal Groups: The AI-SUPERPFP Study," *American Journal of Public Health (AJPH)* 95:867-872, 2005.

⁶ Redwood, D, et al. "Differences in cigarette and smokeless tobacco use among American Indian and Alaska Native people living in Alaska and the Southwest United States," *Nicotine and Tobacco Research*, 12(7): 791-796, July 2010.

⁷ Martin JA, et al. Declines in cigarette smoking during pregnancy in the United States, 2016-2021. *NCHS Data Brief*, no 458. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc/123360>.

⁸ Cornelius ME, et al. Tobacco Product Use Among Adults — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:397-405. DOI: <http://dx.doi.org/10.15585/mmwr.mm7111a1>.

⁹ Jamal A, et al. "Tobacco Product Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2024." *MMWR* 73(41):917-924, October 17, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a2.htm>.

¹⁰ CDC. 2023 High School Youth Risk Behavior Survey Data. Available at <http://yrbs-explorer.services.cdc.gov/>. Accessed on Oct 25, 2024.

- ¹¹ Curtin SC, et al. Deaths: Leading causes for 2022. National Vital Statistics Reports; vol 73 no 10. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/164020>. See Table D. Number of deaths and percentage of total deaths for the 10 leading causes of death, by race and Hispanic origin: United States, 2022
- ¹² CDC, "Vital Signs: Disparities in Tobacco-Related Cancer Incidence and Mortality—United States, 2004-2013," Morbidity & Mortality Weekly Report, 65(44): 1212-1218, <http://www.cdc.gov/mmwr/volumes/65/wr/mm6544a3.htm>.
- ¹³ American Cancer Society. Cancer Facts & Figures 2026. Atlanta: American Cancer Society; 2026. See Table 9. Incidence and Mortality Rates for Selected Cancers by Race and Ethnicity, US.
- ¹⁴ Mowery, P.D., et al., "Disparities in Smoking-Related Mortality Among American Indian/Alaska Natives," Am J Preve Med, published online July 6, 2015.
- ¹⁵ American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.
- ¹⁶ American Cancer Society. Cancer Facts & Figures 2026. Atlanta: American Cancer Society; 2026. See Table 9. Incidence and Mortality Rates for Selected Cancers by Race and Ethnicity, US.
- ¹⁷ American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.; HHS, Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General, 1998, http://www.cdc.gov/tobacco/data_statistics/sqr/sqr_1998/index.htm.
- ¹⁸ American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.
- ¹⁹ American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.
- ²⁰ American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2023-2024. See also American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.
- ²¹ American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.
- ²² Curtin SC, et al. Deaths: Leading causes for 2022. National Vital Statistics Reports; vol 73 no 10. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/164020>. See Table D. Number of deaths and percentage of total deaths for the 10 leading causes of death, by race and Hispanic origin: United States, 2022
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- ²³ Casper, M., et al. "Atlas of Heart Disease and Stroke Among American Indians and Alaska Natives," 2005, http://www.cdc.gov/dhdsp/atlas/aian_atlas/.
- ²⁴ Mowery, P.D., et al., "Disparities in Smoking-Related Mortality Among American Indian/Alaska Natives," Am J Preve Med, published online July 6, 2015.
- ²⁵ See, e.g., Espey, DK, et al., "Annual Report to the Nation on the Status of Cancer, 1975-2004, Featuring Cancer in American Indians and Alaska Natives," Cancer (DOI: 10.1002/cncr. 23044) Published online, October 15, 2007; Print issue date, November 15, 2007, <http://www3.interscience.wiley.com/cgi-bin/fulltext/116330621/HTMLSTARTW?CRETRY=1&SRETRY=0>.
- ²⁶ HHS, The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>; HHS, "Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General," 1998, http://www.cdc.gov/tobacco/data_statistics/sqr/sqr_1998/index.htm.